

EXHIBIT C

Fw: FOIA Request

Joyce Rulapaugh

Sat 11/17/2018, 4:00 PM

To: Michael.Gardiner@stmarysmd.com <Michael.Gardiner@stmarysmd.com>

📎 2 attachments (527 KB)

FoIA request - phone records - to Michael Gardiner.pdf; FoIA request - insurance companies - to Michael Gardiner.pdf;

Dear Lt. Gardiner:

I am in receipt of your letter dated November 12, 2018. My apologies for the Calvert County reference - it was intended to say St. Mary's County.

Additionally, as you can see from my letter, nowhere did I mention that this FoIA request was for the purposes of a case where I am the Defendant. Please don't assume that is the reason for my request. Moreover, I am currently not represented by an attorney, but am pro se'. I am not sure how you can state that I am "not entitled to information relevant to any investigative information related to any investigation wherein I am the Defendant."

My request is not related to any case where I am the Defendant, but something different. Please understand that under the FoIA, I am entitled to any information that is deemed as public record. Moreover, I did not request any information regarding "recorded" lines - I am simply looking for phone records.

Under the FoIA, <https://www.foia.gov/about.html>, my request does not fall outside the realm of "protected" information, and non-compliance would propel this request to a Court for any person denied a copy or examination of a public record. It further states that I can enforce my rights and privileges by a petition for mandamus or injunction.

Therefore, please provide the information requested in my initial letter.

Respectfully,

Joyce Rulapaugh

From: Joyce Rulapaugh

Sent: Saturday, October 27, 2018 12:58 PM

To: Michael.Gardiner@stmarysmd.com

Subject: FOIA Request

Lt. Michael Gardiner
St. Mary's County Sheriff's Department
P. O. Box 1559

Leonardtown, MD 20650

Dear Lt. Gardiner:

Please find attached two FoIA Requests dated today. Please return all such requests no later than 20 business days, which would be November 23, 2018.

Please do not hesitate to reach out should you have any questions.

Thank you!

Joyce Rulapaugh
45605 Catalina Lane
California, MD 20619

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Maryland Public Information Act Manual (14th ed., October 2015)

Appendix D-1

AFFIDAVIT OF INDIGENCY

(Annotated Code of Maryland, General Provisions Article § 4-206)

I, JOYCE RULAPANGH, have submitted a request for public records under the Public Information Act (Md. Code Ann., Gen. Prov. §§ 4-101 – 4-601) and wish to request a waiver of any fee that would otherwise be required in order to process my request. I am unable to pay the necessary fee because I am indigent.

I respectfully submit that:

1. There are 1 family members living in my household, including myself. (Do not include renters or temporary guests.)

2. The total gross household income (before taxes) is \$ 1,770.00 (total income earned by all persons in the household) per ☐ WEEK / ☒ MONTH / ☐ YEAR (check appropriate reporting period).

3. The gross household income (before taxes) is from the following sources (list amounts before taxes) per ☐ WEEK / ☐ MONTH / ☐ YEAR:

<input type="checkbox"/> Wages	\$	
<input type="checkbox"/> Commissions/Bonuses	\$	
<input checked="" type="checkbox"/> Social Security/SSI <u>DISABILITY</u>	\$	<u>1,770.00</u>
<input type="checkbox"/> Retirement Income	\$	
<input type="checkbox"/> Unemployment Insurance	\$	
<input type="checkbox"/> Temporary Cash Assistance	\$	
<input type="checkbox"/> Alimony/Spousal Support	\$	
<input type="checkbox"/> Rent received from tenants	\$	
<input type="checkbox"/> Any Other Income (Do <u>not</u> include food stamps/SNAP)	\$	

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

Joyce Rulapangh
Party Signature

JOYCE RULAPANGH
Party Name

45605 CATALINA LN
Address

CALIFORNIA, MD 20619
City, State, Zip

301-752-5050
Telephone/Fax

joyce.rulapangh@live.com
Email

11/2/18
Date

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BENEFICIARY'S NAME: JOYCE M RULAPAUGH

Your Social Security benefits will increase by 2.0% in 2018 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,770.00
- The amount we deduct for Medicare medical insurance is \$0.00
(If you did not have Medicare as of November 17, 2017,
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(We will notify you if the amount changes in 2018. If you did not elect
withholding as of November 1, 2017, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of
November 17, 2017, we show \$0.00.)
- After we take any other deductions, you will receive \$1,770.00
on or about January 24, 2018.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at **www.godirect.org** online.

What If I Have Questions?

- Visit our website at **www.socialsecurity.gov**.
 - Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
 - Contact your nearest Social Security office.
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